

Health Equity and Healthy Iowans: Iowa's Health Improvement Plan 2017-2021



Iowa Governor's Conference on Public Health
Holiday Inn Des Moines-Airport
April 11, 2017

Those who don't know history are doomed to repeat it. - Edmund Burke

- From Adair to Wright County, Iowans concerned with public health are now paying close attention to health equity and the social determinants of health.
- Just exactly how did we get there?



Getting there: a brief history

- 1980s Local public health was focused primarily on home health care and secondarily on prevention.
- 1986 A new regulation that required a needs assessment of health problems.
 - Local public health agencies received training and resources.
 - A data system was developed focusing on county health data.
 - IDPH made a commitment to assist the local agencies.



Getting there: a brief history

- 1991 Chris Atchison inspired a major shift in emphasis.
- Many grasped the connection between dreaded diseases and the community.
- 2008 Robert Wood Johnson Foundation published Toward a Healthier, More Fair America and A New Way to Talk about the Social Determinants of Health.
- Healthy People 2020 included the topic area of social determinants of health.



How do we define health equity?



- Health equity is the principle that all people deserve the opportunity to achieve their optimal health.
- It involves the reduction of health disparities within population groups such as people with disabilities, minorities, or rural/urban populations.
- It requires addressing various social determinants of health.

How do we talk about health equity and the social determinants of health?

- What messages move people?
- “All Iowans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education, or ethnic background.”
- “Health begins where we live, learn, work, and play.”
- The opportunity for health begins in our families, neighborhoods, schools, and jobs.
- Your opportunity for health starts long before you need medical care.

-A New Way to Talk About the Social Determinants of Health, RWJ Foundation



Is this health equity?



How do we get there?

State Health Assessment

The process...

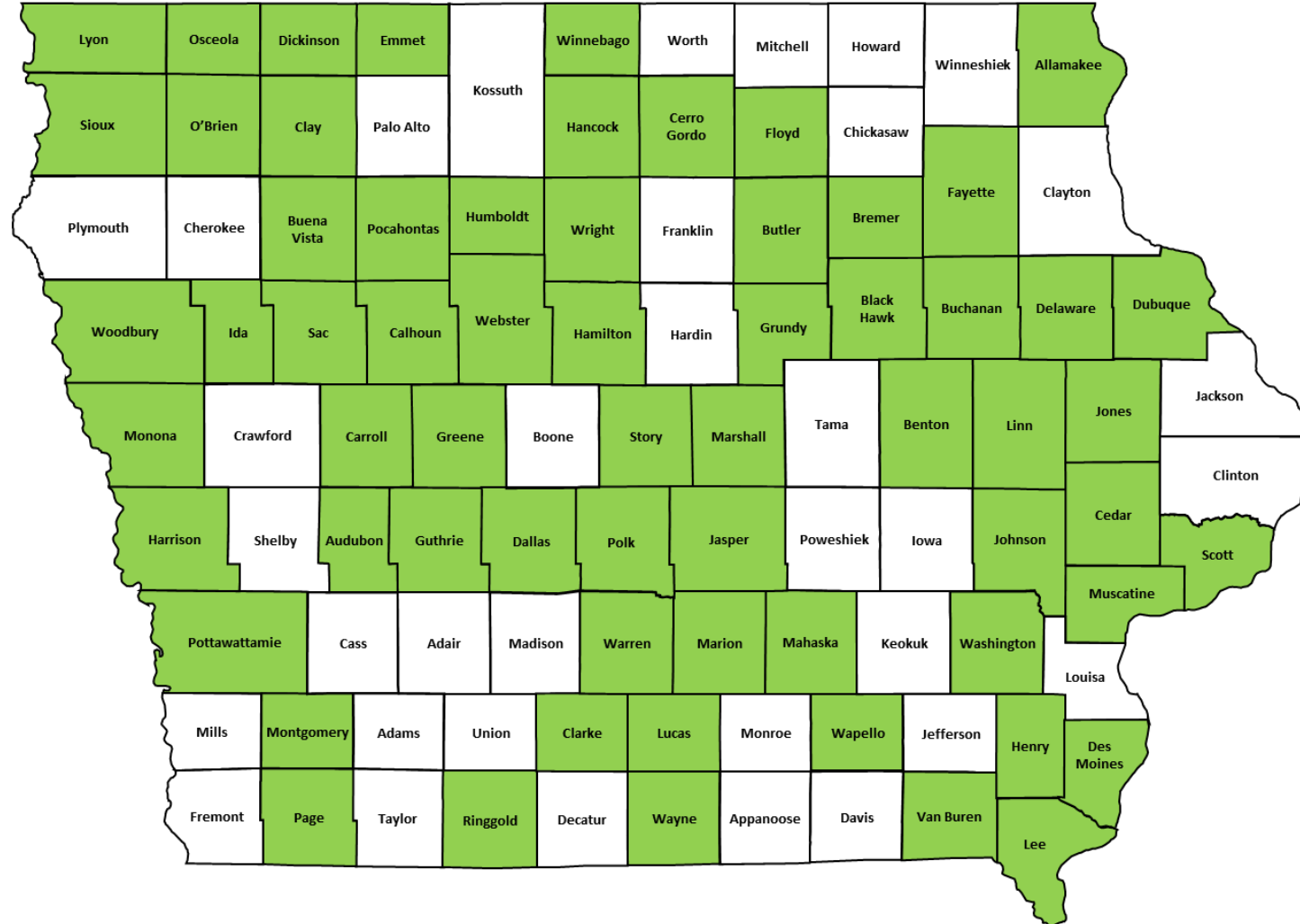
Local priorities (CHNA&HIP) → Stakeholder recommendations
→ Data → Progress from Healthy Iowans 2012-2016



State Health Assessment

2016 CHNA

Health Equity = 64 counties



- Health Equity & the Social Determinants of Health
- Life Course
- Health System Improvement & Evidence-Based Decision Making



**Obesity, Nutrition
& Physical Activity**

Safe, Affordable Housing

Income/Poverty

Nutrition

Insurance Affordability & Coverage

Diabetes

Lack of Primary Care Services

Lack of Oral Health/Dental Services

Disaster Preparedness

Lack of Mental Health Services

**Mental Health,
Illness & Suicide**

Water Quality

Occupational & Farm Safety

Radon

Obesity

Motor Vehicle Crashes

Transportation

Cancer

Adverse Childhood Experiences

Falls

Heart Disease

Sexually Transmitted Diseases

Flu Immunizations

Tobacco/Nicotine Use

Adolescent Immunizations

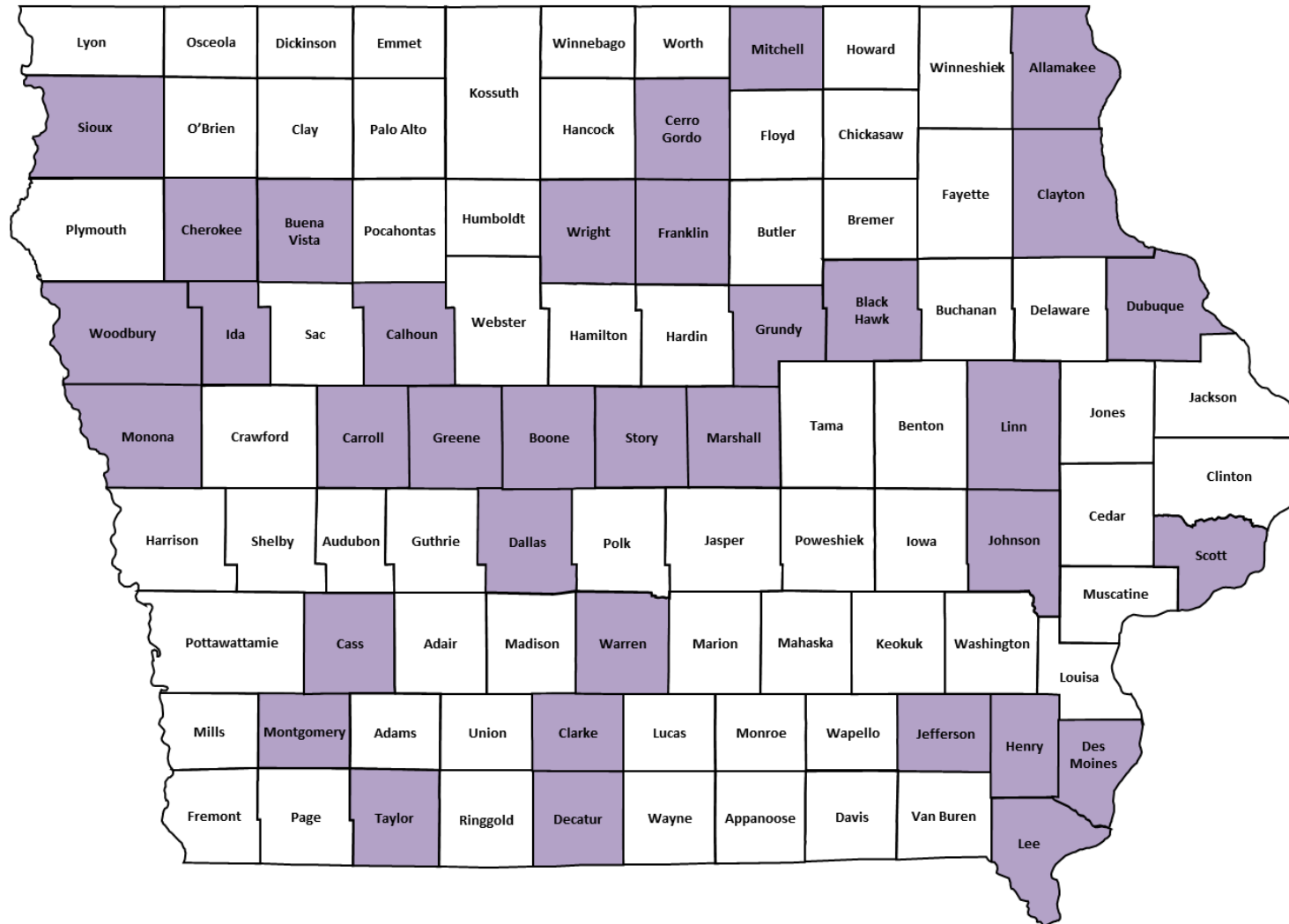
Substance Abuse

Physical Activity

How do we get there? Healthy Iowans the plan

2016 HIP

Health Equity = 35 counties



Healthy Iowans the plan

Each focus area includes
the counties with goals in
their HIPs.

Health Equity/Social Determinants of Health

Iowa Health Issue: Health Equity & the Social Determinants of Health

Iowa Counties with Local Strategies

- Allamakee (culture and immunization)
- Black Hawk (low-income, health literacy)
- Boone (access to Medicaid)
- Buena Vista (food security, ethnic food options)
- Calhoun (low-income/poverty, safe and healthy housing, people with disabilities)
- Carroll (fall prevention for people with disabilities, home safety/modification)
- Cass (oral health underserved populations)
- Cerro Gordo (food subsidy programs, food security, substandard housing)
- Cherokee (nutrition/physical activity efforts focused on people with disabilities)
- Clarke (low-income access to health care providers)
- Clayton (food security)
- Dallas (cultural competence and sensitivity to diversity, food security)
- Decatur (economic development)
- Des Moines (access to community services and resources for lower income residents)
- Dubuque (promoting healthy behaviors: cultural and economic diversity, healthy homes)
- Franklin (health of Hispanic females)
- Greene (maternal/child health services-low-income, resources-people with physical limitations, homeless, dental services-Medicaid)
- Grundy (transportation issues for disabled and low-income residents)
- Henry (dental care services-Medicaid)
- Ida (home safety/modification)
- Jefferson (support for persons with traumatic brain injury)
- Johnson County (pre-diabetes program for Hispanic and/or Latino residents)
- Lee (dental care services-Medicaid, reach vulnerable populations with barriers to access)
- Linn (maintained/affordable housing, care/community resources-vulnerable populations, mental health services-Medicaid/homeless)
- Marshall (language barriers to health services)
- Mitchell (Medicaid changes)
- Monona (poverty)
- Montgomery (Hispanic health, dental care services-Medicaid)
- Scott (access to medical providers for under-insured, uninsured, or Medicaid)
- Sioux (access to health care-Hispanic, stressed housing, interpretation/translation services, health literacy-cultural expectations)
- Story (food security, physical activity opportunities outside urban center)
- Taylor (access to services for people with disabilities)
- Warren (food security, communication strategies to achieve health equity)
- Woodbury (bilingual staff)
- Wright (outreach to Latino and underinsured population for mammograms)

These community health improvement plans are available on the Iowa Department of Public Health, Community Health Needs Assessment and Health Improvement Planning (CHNA&HIP) website: <http://idph.iowa.gov/chnahip/health-improvement-plans>



Healthy Iowans the plan

A team of 86 public and private organizations developed broad goals, measurable objectives, and many different strategies to make it happen. They are focused on

- Community
- Demographic/Socio-Economic
- Individual/Interpersonal
- Policy
- Professional/Provider



There's an elephant in the living room. **It's obesity.**

(Paraphrasing the Music Man, obesity spells nutrition and physical activity.)

- Increase the number of retail locations selling healthier food options in underserved areas with a high Hispanic population.
- Increase the availability of Double Up Bucks at farmers' markets.
- Increase consumption of fruits and vegetables in high-risk older Iowans congregate meal sites.



There's an elephant in the living room. It's obesity.

- During summer months, expand meal sites in areas of unserved need.
- Financially incentivize WIC participants to increase fruit and vegetable consumption.
- Expand a grant program where more than 50% of students participate in free and reduced price meal programs.



Besides IDPH, who's signed on?

- Iowa Healthiest State
- YMCA
- American Heart Association
- Iowa State University Extension and Outreach
- Iowa Department on Aging
- Easter Seals Iowa
- Iowa Nutrition Network
- Iowa Army National Guard
- Iowa Department of Education
- Nearly every county from Adair to Wright



Another elephant in the living room.

Addictive behaviors.

- Focus on high drug overdose admission areas to improve awareness of the problem and actions to take in case of overdose.
- Educate pharmacies on the process of using the new opioid antagonist statewide.
- Improve the Smoke-Free Air Act by including casinos as public places that should prohibit smoking....



Another elephant in the living room.

Addictive behaviors.

- Increase the number of properties (low-income, affordable Public Housing Authority , and market rate) that adopt a smoke-free policy.
- Establish and strengthen tobacco-free policies in schools and on college/university campuses.



Besides IDPH, who's signed on?

- Iowa Tobacco Prevention Alliance
- American Heart Association
- American Cancer Society
- CAFE Iowa CAN (Clean Air for Everyone Iowa Citizen Action Network)
- Iowa Pharmacy Association
- Iowa Poison Control Center
- Iowa Nurses Association
- Tobacco Use, Prevention, and Control Commission
- Iowa Office of Drug Control Policy



More strategies relating to health equity

- Fund counties demonstrating higher than average percentages of late-stage breast cancer diagnosis in rural areas and where residents live in medically underserved areas.—Susan G. Komen
- Reduce the number of pregnancies conceived within 18 months of previous births among low-income lowans.—IDPH and its partners



More strategies

- Discuss topics related to health access and barriers to rural and agricultural communities at quarterly advisory committee meetings.—Rural Health and Primary Care Advisory Committee
- Educate members of the Patient-Centered Health Advisory Council on social determinants of health and strategies to address them.—Patient-Centered Health Advisory Council



More strategies

- Provide project management support, training, and technical assistance to the FQHC clinic sites to implement the PRAPARE tool (an assessment that includes socioeconomic factors affecting patients' health).—Iowa Primary Care Association
- As required by the Federal Title X, provide culturally sensitive and age-appropriate outreach to make individuals aware of where, when, and how they can access family planning services in their community.---IDPH and its partners



More strategies

- Through public funding, create or expand a healthy corner store initiative that increases the amount of healthy food offered in existing corner stores in low and moderate income communities. –Healthier Iowa Coalition et al.
- Increase provider and allied professional education and training focused on patient engagement and activation, including motivational interviewing, Teach Back, and health literacy best practices.—Iowa Healthcare Collaborative et al.



Even more strategies

- Provide education at birthing hospitals on shaken baby syndrome.—Title V Maternal Health Contractors et al.
- Invest a portion (22%) of CDBG funds into owner-occupied rehabilitation activities for low and moderate income individuals.—Iowa Economic Development Authority and funded communities



But what's missing?

- Five Key Areas (Determinants): Economic Stability, Social & Community Context, Health and Health Care, Neighborhood & Built Environment
- Top Health Issues, but not fully addressed in the plan
 - Access to Mental Health Services
 - Lack of Oral Health/Dental Services
 - Income/Poverty
 - Insurance Affordability & Coverage
 - Housing



The power of relationships

- In the 1850s, a wealthy guy invited a poor, 13-year-old immigrant boy to spend Saturday afternoons at his private library in Pittsburgh. That boy grew up to be steel magnate Andrew Carnegie. And you know the rest of the story that played out in many of our communities.
- What does this have to do with Healthy Iowans?
- The seeds of change begin with relationships, the very linchpin of Healthy Iowans and the theme of health equity.



Data Resources



Where to Find Resources

- Health Equity and Healthy Iowans information & resources:
 - <http://idph.iowa.gov/chnahip>



Iowa Department of Public Health
Protecting and Improving the Health of Iowans

A screenshot of the Iowa Department of Public Health (IDPH) website, specifically the page for Community Health Needs Assessment & Health Improvement Planning (CHNA & HIP). The page has a blue header with navigation links: Home, News, Calendar, Licensing, A-Z Index, About IDPH, and Contact Us. A search bar is located on the right side of the header. Below the header, there is a blue banner with the text "Community Health Needs Assessment & Health Improvement Planning (CHNA & HIP)". On the left side of the page, there is a sidebar with three links: "Guide & Reporting Tool", "Community Health Needs", and "Health Improvement Plans". The main content area features the "CHNA & HIP" logo, which consists of a colorful geometric design followed by the text "CHNA & HIP". Below the logo, the title "Community Health Needs Assessment & Health Improvement Planning (CHNA & HIP)" is displayed in a large, bold, blue font. A paragraph of text follows, explaining the process and history of CHNA & HIP. At the bottom of the page, there is a horizontal line with six colored circles (purple, green, dark green, yellow, blue, and red) arranged from left to right.

Home News Calendar Licensing A-Z Index About IDPH Contact Us Search IDPH... Go

Community Health Needs Assessment & Health Improvement Planning (CHNA & HIP)

Guide & Reporting Tool

Community Health Needs

Health Improvement Plans

CHNA & HIP

Community Health Needs Assessment & Health Improvement Planning (CHNA & HIP)

At least every five years, local boards of health lead a community-wide discussion with stakeholders and residents about their community's health needs. After identifying needs in the community, the next step is to identify objectives and strategies to address those needs. The process, Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) is a fundamental element in statewide planning. CHNA & HIP has more than a 20-year history in Iowa and represents local action to promote and protect the health of Iowans.



Resource List 1

- Resources for Implementation and Measuring Progress:
 - Links to resources and a number of downloads
- County Data:
 - BRFSS Data by County
 - Cancer
 - **CHNA.org**
 - Community Health Status Indicators
 - County Health Rankings
 - Disability in Iowa Public Health Needs Assessment
 - Diversity Explosion: The cultural generation gap mapped



Resource List 2

- County Data (Continued)
 - Environmental Health
 - Falls in Iowa (2009-2013) by County
 - Health Indicators Warehouse
 - Health Professional Shortage Areas by State & County
 - Iowa Community Indicators Program
 - Iowa Health Fact Book
 - Iowa Kids Count
 - **Iowa Public Health Tracking**
 - Sexual Health
 - U.S. Census Bureau State & County QuickFacts



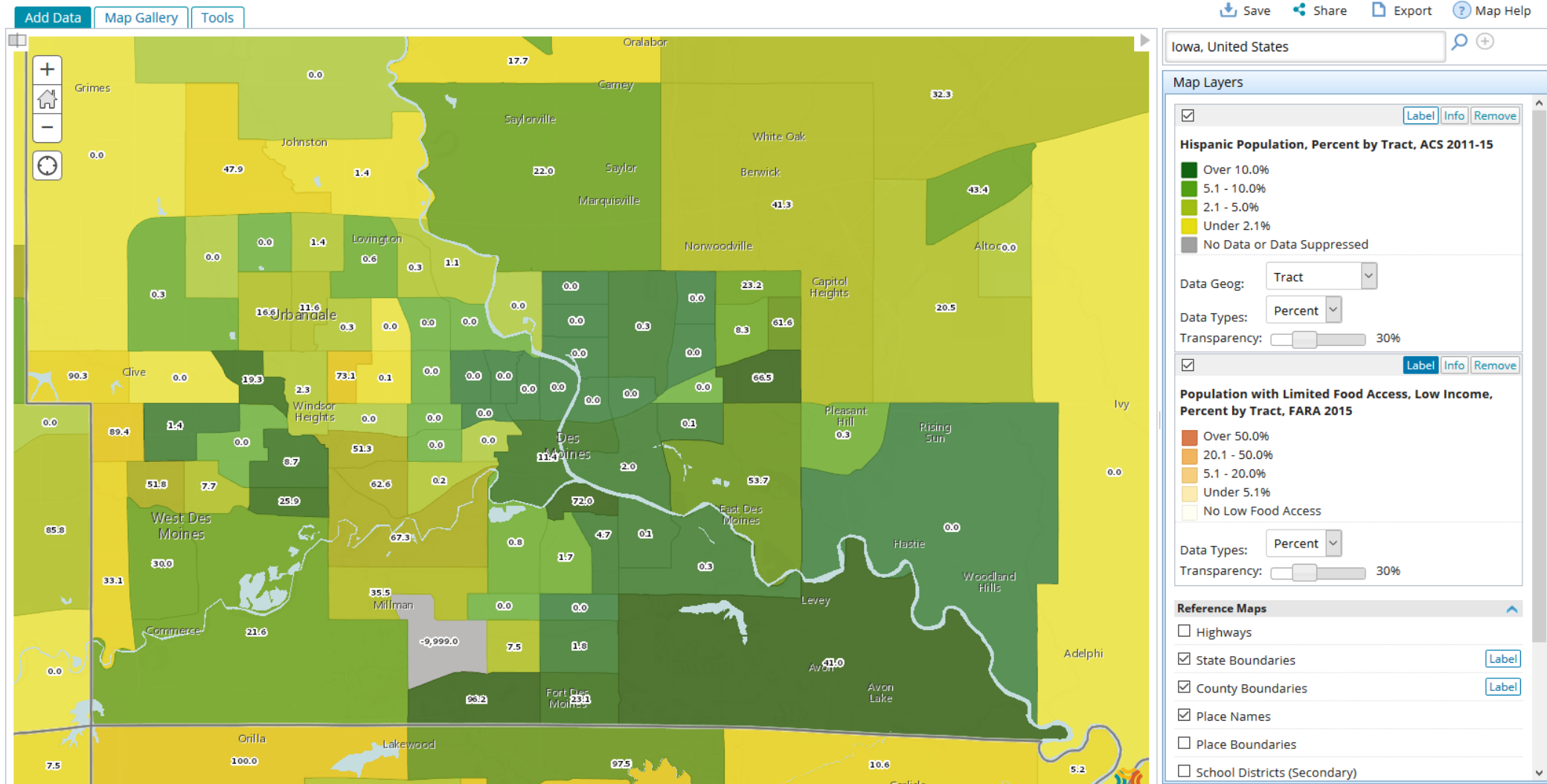
CHNA.org

(www.communitycommons.org/chna/)

- A free web-based platform that combines a broad array of publicly available data into one site to assist with community health needs assessments.
 - Easily make maps and build reports
 - Many, many data sources are already ‘baked in’ and can easily be identified and added (6,800+)
 - Large gallery of maps and reports created by others that you can use and modify
 - ‘Channels’ used to organize topic areas:
 - Education
 - Equity
 - Economy
 - Food
 - Health
 - Environment
 - Support includes: Training, Webinars & Hubs (user-organized focus areas)



CHNA.org — Map Example



CHNA.org — Report Example 1

Health Indicators Report

Report Area

Cedar County, IA

[Customize Report](#)[Start Over](#)[Save & Download](#)

Data Category

[Demographics](#) • [Social & Economic Factors](#) • **[Physical Environment](#)** • [Clinical Care](#) • [Health Behaviors](#) • [Health Outcomes](#)

Physical Environment

A community's health also is affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

Data Indicators

- [Air Quality - Ozone](#)
- [Air Quality - Particulate Matter 2.5](#)
- [Climate & Health - Drought Severity](#)
- [Climate & Health - High Heat Index Days](#)
- [Food Access - Fast Food Restaurants](#)
- [Food Access - Food Desert Census Tracts](#)
- [Food Access - Grocery Stores](#)
- **[Food Access - Low Food Access](#)**
- [Food Access - Low Income & Low Food Access](#)
- [Food Access - Modified Retail Food Environment Index](#)
- [Food Access - SNAP-Authorized Food Stores](#)
- [Food Access - WIC-Authorized Food Stores](#)
- [Housing - Assisted Housing](#)
- [Housing - Housing Unit Age](#)
- [Housing - LIHTC](#)
- [Housing - Mortgage Lending](#)
- [Housing - Overcrowded Housing](#)
- [Housing - Substandard Housing](#)
- [Housing - Vacancy Rate](#)
- [Liquor Store Access](#)
- [Recreation and Fitness Facility Access](#)
- [Use of Public Transportation](#)



CHNA.org — Report Example 2

Food Access - Low Food Access

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

[Download Data](#)

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Cedar County, IA	18,499	3,911	21.14%
Iowa	3,046,355	652,113	21.41%
United States	308,745,538	69,266,771	22.43%

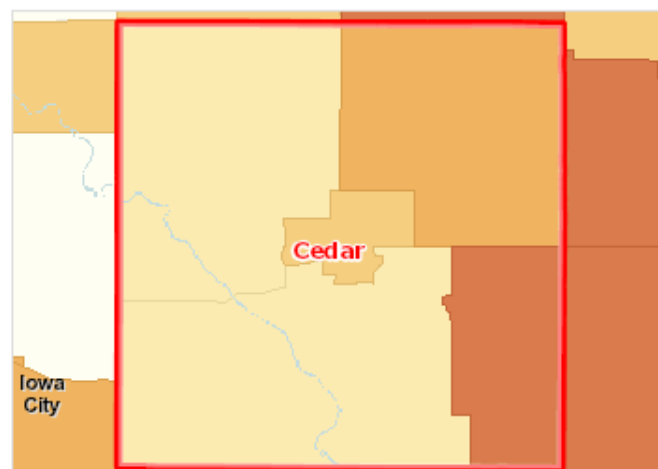
Percent Population with Low Food Access



Cedar County, IA (21.14%)
Iowa (21.41%)
United States (22.43%)

Note: This indicator is compared with the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#). 2015. Source geography: Tract



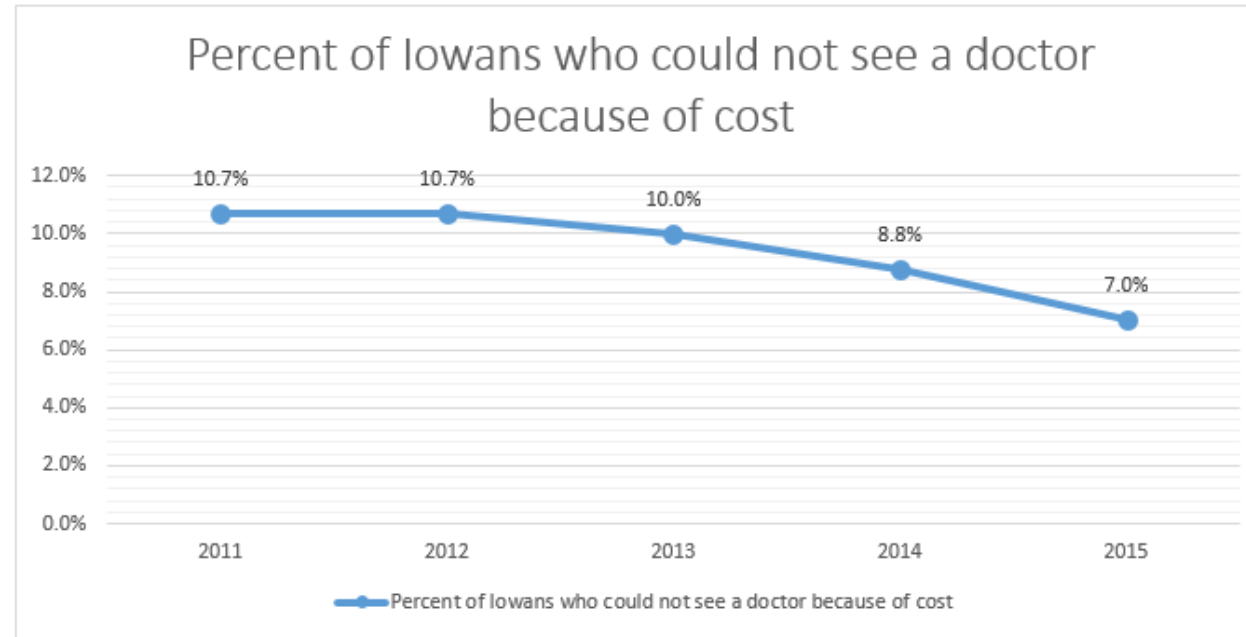
Population with Limited Food Access, Percent by Tract, FARA 2015

Over 50.0%
20.1 - 50.0%
5.1 - 20.0%
Under 5.1%
No Low Food Access
Report Area

IDPH Tracking Portal – BRFSS

(Coming soon to a portal near YOU!)

Healthcare Access



BRFSS Questions

- Cost Barrier
- Flu Shot
- Health Care Coverage
- HIV Test
- Medical Home
- Pneumonia Shot
- Routine Checkup

Percent of Iowans who could not see a doctor because of cost			
2015			
	Percentage	C.I. 95% - LL (1)	C.I. 95% - UL (2)
Total %	7.0 %	7.0 %	7.1 %
Age in Years			
18-24	4.8 %	4.7 %	4.9 %
25-34	9.5 %	9.4 %	9.6 %
35-44	9.5 %	9.4 %	9.6 %



Tracking Portal - Workbooks

Emergency Department Visits Data

ED AAR (Per 100,000)	Column Labels															
Row Labels	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Average		
State of Iowa	27,492.03	25,611.72	26,867.81	28,452.10	31,747.33	32,477.39	33,699.93	31,883.58	32,800.05	33,200.06	32,528.23	34,853.31	35,840.93	31,399.20		
Adair	24,630.19	21,720.68	21,743.12	22,140.01	24,522.94	26,335.23	26,695.50	26,540.71	26,852.44	27,921.55	29,396.59	27,743.60	30,868.54	25,858.54		
Adams	21,494.86	22,170.14	20,864.67	20,403.94	24,869.88	24,792.95	28,513.78	27,594.34	28,266.46	28,598.88	34,490.74	37,710.05	41,423.93	27,593.61		
Allamakee	16,944.79	16,061.45	16,613.37	18,011.03	20,384.19	21,352.77	20,930.09	21,471.52	23,649.46	24,685.53	24,416.71	26,867.99	29,161.22	21,497.79		
Appanoose	38,076.08	35,789.35	39,086.13	42,587.30	47,184.51	50,520.40	53,479.99	50,848.43	50,876.46	55,778.89	54,909.65	57,765.58	58,118.74	48,664.86		
Audubon	20,875.68	19,969.06	20,112.38	21,919.47	27,625.47	27,775.30	26,846.55	26,017.94	27,531.34	28,601.58	26,442.87	32,127.12	35,195.19	26,091.49		
Benton	24,408.35	22,821.11	22,626.46	24,943.60	27,863.43	27,384.02	29,453.33	28,112.11	28,963.06	28,517.07	27,517.08	30,487.91	32,332.08	27,310.67		
Black Hawk	29,508.14	27,095.67	28,358.10	29,133.16	31,319.23	32,015.39	32,175.54	31,312.56	32,405.90	35,649.55	35,704.71	39,997.56	40,617.62	32,779.81		
Boone	33,216.82	30,914.51	33,692.88	34,533.94	36,460.38	38,735.83	39,745.05	37,255.40	35,708.55	39,098.80	36,480.51	38,861.35	40,160.74	36,504.99		
Bremer	22,888.62	22,913.39	23,245.22	24,474.94	26,884.30	28,000.46	26,307.09	22,692.16	23,250.38	24,884.35	25,953.98	28,573.96	28,757.85	25,314.23		
Buchanan	25,849.10	24,293.73	25,998.53	26,902.43	30,211.95	31,760.18	32,689.21	30,961.00	31,870.33	34,594.21	34,030.33	40,060.84	39,645.84	31,451.95		
Buena Vista	21,646.43	21,031.85	21,847.97	23,554.32	26,705.94	28,483.65	30,806.45	29,985.94	30,514.41	30,050.89	28,845.43	32,468.03	34,158.05	27,750.92		
Butler	23,552.57	22,900.08	22,967.49	23,898.86	26,723.79	28,564.33	27,819.68	26,134.69	26,448.17	26,858.25	28,411.41	32,082.43	33,587.37	26,885.05		
Calhoun	25,704.66	24,018.16	26,425.70	26,951.74	30,708.98	32,404.10	36,676.91	32,538.99	34,291.44	35,111.76	32,687.18	32,777.97	35,504.75	31,134.49		
Carroll	21,298.89	20,178.15	21,126.47	21,128.51	25,198.81	25,817.52	26,855.93	25,688.25	26,376.03	26,467.38	33,645.53	36,340.66	39,218.21	26,825.09		
Cass	24,943.22	22,065.41	24,263.20	24,964.22	33,237.23	35,970.31	35,084.67	34,042.53	32,582.64	30,352.28	34,483.94	36,848.49	42,012.31	31,512.79		
Cedar	18,843.46	16,425.32	17,648.62	18,227.47	23,074.59	22,571.79	24,792.57	23,670.17	23,444.79	24,575.17	25,196.01	27,277.43	27,708.14	22,558.17		
Cerro Gordo	28,666.19	31,253.33	32,693.63	33,092.90	40,427.63	40,638.70	41,083.70	41,009.58	43,234.33	45,844.82	42,383.65	41,674.23	44,105.90	38,861.98		
Cherokee	29,730.12	27,010.94	26,522.74	27,799.24	29,786.82	29,718.62	32,860.85	27,903.34	28,766.01	31,158.20	28,761.33	30,232.81	35,552.08	29,625.08		
Chickasaw	23,087.53	23,406.38	24,269.43	26,506.28	30,101.61	29,700.79	28,187.96	27,670.21	30,247.05	31,163.46	27,547.02	30,586.16	32,781.09	28,058.43		
Clarke	29,969.77	25,931.05	33,711.44	36,773.07	40,457.40	37,490.08	40,232.34	38,328.73	39,086.04	42,131.76	38,658.76	44,608.76	44,507.84	37,839.43		

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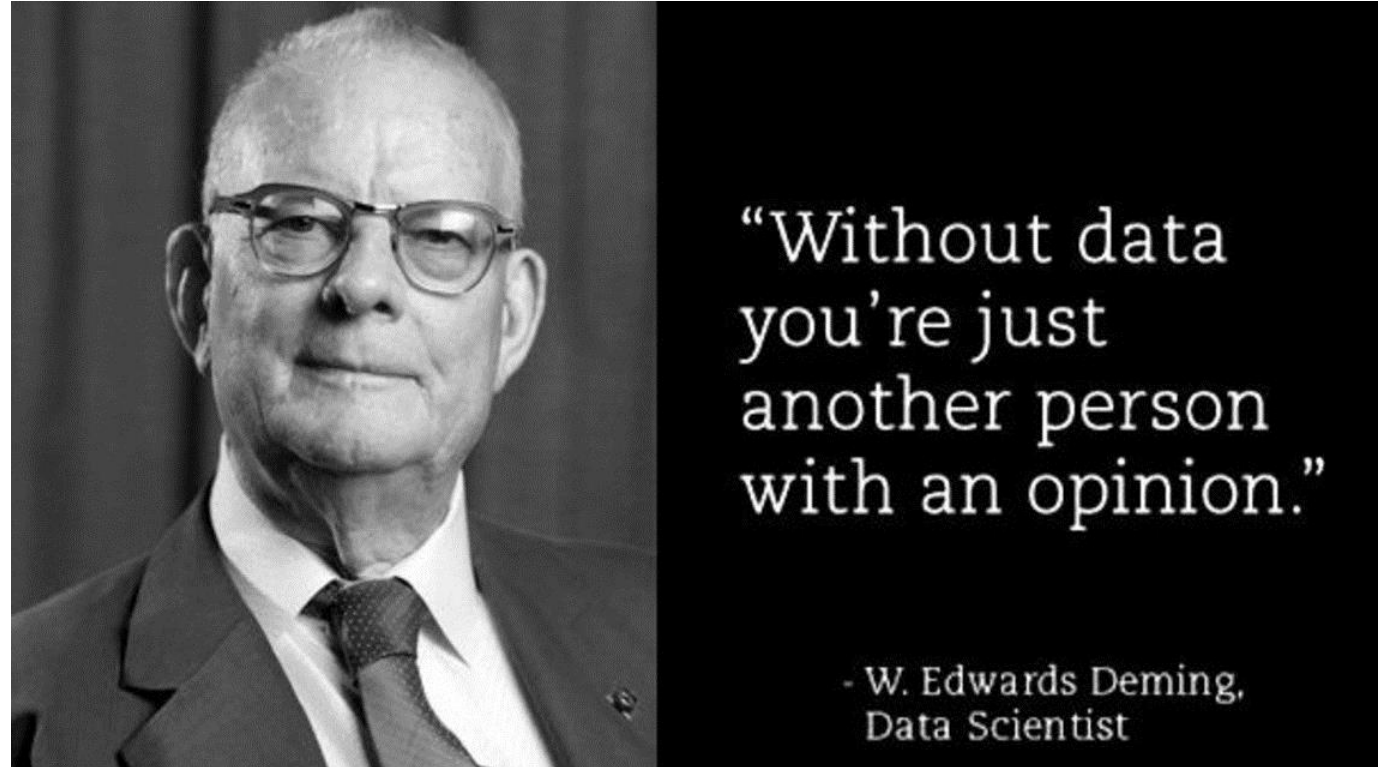
- Σ Values
- Emergency Department Measures
- Age Group
- Age Group
- County And State
- Diagnosis
- Gender
- Gender
- Injury Cause
- Month
- Payment Source
- Race
- Race
- Year
- Year

Drag fields between areas below:



Need More Data?

- If you need help locating data for Healthy Iowans and/or Health Equity please start by contacting either:
 - Jonn Durbin or
 - Louise Lex



Learn more about Healthy Iowans

- Healthy Iowans webpage
 - <http://idph.iowa.gov/healthy-iowans>



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